

# NOTICE OF FINAL DEPOSIT AND REQUEST FOR REFUND

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

Check One:

- ☐ ERS  
☐ TRS  
☐ JRF

See reverse side for PART III and instructions.  
Please type or print using black ink.

## PART I MEMBER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last Maiden  
Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_  
Street Address or P. O. Box  
City State Zip RSA Account Number: \_\_\_\_\_  
(If known)

## PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Please check either Part A or Part B:

Part A. ☐ Lump Sum Payment: I elect to receive (at the above address) full distribution of my account, less the 20% Federal Income Tax withholding required.

Part B. ☐ Direct Rollover: I elect to have \_\_\_\_% of the *taxable* benefit transferred directly to the trustee named below (for transfers less than 100%, the remainder of the account, less the mandatory 20% Federal Income Tax withholding will be paid to me at the above address).

### Trustee Information (complete only if Part B is checked): *Requires trustee official's signature*

Trustee Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address or P. O. Box City State Zip

Type of account into which money will be transferred:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 401 Qualified Retirement Plan        | <input type="checkbox"/> 403(a) Annuity Contracts             | <input type="checkbox"/> 403(b) Tax Sheltered Annuity                       |
| <input type="checkbox"/> 408(a) Individual Retirement Account | <input type="checkbox"/> 408(b) Individual Retirement Annuity | <input type="checkbox"/> Governmental Deferred Compensation Plans (IRC 457) |

A Roth IRA or Education IRA are not eligible plans.

- ☐ Plan accepts non-taxable funds. ☐ Plan does not accept non-taxable funds.

Signature of Trustee Official \_\_\_\_\_ Date \_\_\_\_\_  
*Signature by trustee official affirms acceptance of transfer*

I certify that I have received the printed explanation entitled **Special Tax Notice Regarding Plan Payments** prior to signing this certification and waive the requirement of 30 days notice by checking one of the boxes above and affirmatively elect to make or not make a direct rollover. I also certify that I have read the **Employment Termination Statement** on the back of this form.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

Signature of Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

### PART III EMPLOYER CERTIFICATION

**If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.**

Name of Employing Agency: \_\_\_\_\_

Last retirement contribution was included in the \_\_\_\_\_ report.  
(Month or if state employee, last payroll check issue date)

Last day for which employee is paid: \_\_\_\_\_  
Month Day Year

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

Signature of Payroll Official \_\_\_\_\_ Date \_\_\_\_\_

Note: Send this form with the payroll report which includes the member's final deposit.

### INSTRUCTIONS FOR REFUND REQUEST

- Type or print in black ink.
- Complete Part I and Part II and have your signature notarized. If you elect a direct rollover, the trustee must complete the trustee information in Part II. The trustee official must verify if their plan accepts or does not accept non-taxable funds. The trustee official must also sign to affirm acceptance of the transfer.
- Part III should be completed by the employing agency. The refund will **not** be mailed until the Retirement Systems of Alabama (RSA) receives the member's final deposit and this form.
- Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.
- After this form has been completed, any address change must be submitted to RSA in writing and be signed by the applicant. Include your Social Security number on any correspondence.

### Employment Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to my account, but a proportion of the total interest determined by the number of years I have contributed. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

**No portion of the refund is subject to state of Alabama income tax.**

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.